## **REIMBURSEMENT FORM**

## **EASY PROGRAM COMPLIANCE CHECK**

Coding: 1000–180-1900-JJA Program: EASY (Eliminating Alcohol Sales to Youth) Function: 000064

	Agency Address							
1								
Utah Law Enforcement Agency			3888 W 5400 South, Salt Lake City, UT 84118					
Participating Officer(s): Name (Badge # and/or employee ID # optional)								
3 John Smith, 192, 197886				Jane Doe, 175, 192422				
	1							
J. Jackson, 243, 243853								
Participating CUB(s)/Cadets(s): Name employee ID # (if applicable)								
Barry Sanders, 165342				Michelle Doe				
Reimbursable Expenses								
	ay Thursday	Monday	Wednesday			$\triangle$		
( 5 )	ate 7/27/06	8/7/06	8/9/06					
# of Checks Completed	2	5	5		_			
Officer Hours Worke	ed 5.25	10.5	11.75	$\sim$				
CUB/Cadet Hours Worker	4	8.5	11	$\supset$				
Officer Wages Paid	\$364.99	\$592.88	\$633.54					
CUB/Cadet Wages Paid \$50.11		\$72.34	\$80.22					
Mileage*	18	15.91	20.5					
Other** Hours Worke	d 1	3.5	3.5					
Other Wages Paid	\$22.34	\$62,88	\$58.74					
Total # of Checks completed: 12								
Total Officer Hours Worked: 6		27.50	Submitted by		Helen	<b>Knipe</b>		
Total CUB/Cadet Ho	23.50	<b>'</b>	7					
Total Officer Wages Paid:		\$1,591.41	Signature	$\begin{pmatrix} 7 \end{pmatrix}$				
Total CUB/Cadet Wa	\$292.67							
Total Mileage:		54.41	Date		8/8/2006			
Total Mileage Expense:		\$17.41						
Total Other Hours Worked:		√8.00	Supervisor	Supervisor Approval				
Total and and section and and and		\$143.96						
Total Amount Claimed:		\$1,865.90	Agency Approval					
NO. TO A STATE OF THE PROPERTY								
** Explanation of Other Costs: 8 Compliance check planning, thank you letters and warning letters to retailers,								
& CUB training								
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& CUB trainii	ng			
1 & 2	Enter name & address of reporting agency			
3 & 4	Enter name(s) of officers and CUBs			
5	Enter days & dates on which compliance checks were conducted – they do not need to be			
	consecutive. Enter specific information for each day of compliance checks.			
	Payroll clerks can enter wage information.			
6	If the form is completed on-screen and then printed, the totals will be automatically calculated.			
<u> </u>	If completed manually, calculate and enter totals.			
	Mileage is reimbursed at .32 per mile.			
7	Enter name, signature & date			
8	Briefly explain any administrative or other costs directly associated with the compliance check.			